



PART B - FEE(S) TRANSMITTAL

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30869 7590 05/10/2005

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08/02/2005 CNGUYEN1 00000030 10645674

01 FC:2501 700.00 OP
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SYLVIA LEE	(Depositor's name)
S. Lee	(Signature)
7/28/05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/645,674	08/20/2003	Michael Black	MIB-103/US	8294

TITLE OF INVENTION: TOOTHPICK FOR LIGHT TREATMENT OF BODY STRUCTURES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	08/10/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
O'CONNOR, CARY E	3732	132-321000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ORALUM, LLC

Foster City, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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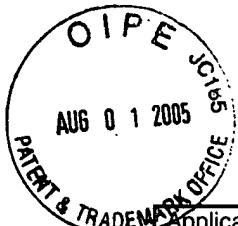
Date 7-28-05

Typed or printed name Ron Jacobs

Registration No. 50,142

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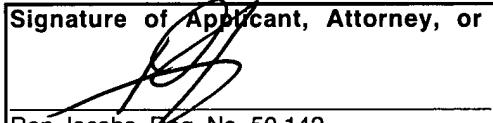
FEE TRANSMITTAL

Application Number:	10/645,674
Filing Date:	8/20/2003
First Named Inventor:	Michael Black
Title of Invention:	A Toothpick for Light Treatment of Body Structures
Group Art Unit:	3732
Examiner:	Cary E. O'Connor
Attorney Docket No.:	MIB-103/US

Fee Calculation:
for Large Entity / Small Entity

[X] Issue Fee	\$1400 / \$700	\$ 700.00
[X] Publication Fee	\$300	\$300.00
[X] Printed Patent; Number of Copies: [3]	x \$3 =	\$ 9.00
TOTAL PAYMENT:		\$1009.00

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7-28-05
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